

NORTH CAROLINA DIVISION OF AGING
and

AREA AGENCY ON AGING

MONITORING TOOL FOR HOUSING AND HOME IMPROVEMENT SERVICES

Community Service Providers: _____
Review Date: _____ State Fiscal Year: _____
Interviewer: _____
Person(s) Interviewed and Title: _____

BACKGROUND - NOT REQUIRED FOR SERVICE STANDARD COMPLIANCE

1. How many Housing and Home Improvement clients are served by this agency? (Show total from all funding sources served within the last 12 months or in the last fiscal year)
By funding source:
 - a. H&CCBG Number _____
 - b. SSBG/State In-Home Number _____
 - c. County Number _____
 - d. Other (identify) _____ Number _____

2. How many clients received each of the above components in the last 12 months or fiscal year?
 - a. Counseling, advocacy, training Number _____
 - b. Renovations, repairs to dwellings Number _____
 - c. Basic furnishings, appliances Number _____

3. What persons/positions determine the client's need for the service and authorize expenditures? _____

PROGRAM ADMINISTRATION

1. Which components of the service does this agency offer:
 - a. Counseling, advocacy, training Yes__ No__
 - b. Renovations, repairs to dwellings Yes__ No__
 - c. Basic furnishings, appliances Yes__ No__(Page 3 of the Housing and Home Improvement Service Standard)

Documentation verifying compliance: _____

Comments: _____

2. Service Provision
 - a. Services provided to individuals in group settings are documented in a log (date, # of clients, description of Yes__ No__

client needs, description and purpose of group activity).

(Page 6 of the Housing and Home Improvement Service Standard)

- b. Agency follows policy of not doing renovations or providing furnishings/appliances that are a landlords responsibility. Yes__ No__

(Page 4 of the Housing and Home Improvement Service Standard)

Documentation verifying compliance: _____

Comments: _____

SUMMARY OF CLIENT RECORD REVIEW

For the client record review section, pull a random sample of 5-10% of the active client files, if less than 10 client files, examine all files. Use the attached questions for each of the client files reviewed. After reviewing the client files, complete the summary questions listed below.

- Of the _____ (number) of client files reviewed,
- 3. _____ (number) had a completed client intake form,
- 4. _____ (number) clients were registered on the Management Information System, and
- 5. _____ (number) of client files containing ineligible Housing and Home Improvement services.

Additional Comments: _____

Signature of AAA Administrator/DOA Staff

Date

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Review Date: _____ State Fiscal Year: _____
Interviewer: _____
Client Name: _____

CLIENT RECORD REVIEW

1. Eligibility is Established
- a. 1) Client is aged 60 years or older Yes__ No__
 - 2) Client is aged 59 or younger Yes__ No__
 - b. Client meets target population criteria Yes__ No__

(Page 4 of the Housing and Home Improvement Service Standard)

Documentation verifying compliance: _____
Comments: _____

2. Specific Client Need(s) Identified
- a. Counseling, advocacy or training Yes__ No__
 - b. Renovations, repairs to dwelling Yes__ No__
 - c. Basic furnishings, appliances Yes__ No__

(Page 5 of the Housing and Home Improvement Service Standard)

Documentation verifying compliance: _____
Comments: _____

3. Service Provision
- a. Service to client is:
 - 1) Consistent with identified need Yes__ No__

2) Not provided Yes__ No__

(Page 5 of the Housing and Home Improvement Service Standard)

b. If renovation/repair provided:

1) Reimbursement per area of repair equals \$800 or less. Yes__ No__

2) Costs are necessary Yes__ No__

3) It makes dwelling safe and healthy for occupants Yes__ No__

(Page 7 of the Housing and Home Improvement Service Standard)

c. If new or used basic appliance or furnishings are provided, these items meet needs of clients Yes__ No__

(Page 5 of the Housing and Home Improvement Service Standard)

d. If counseling, advocacy or training is provided:

1) the client is the service recipient and/or Yes__ No__

2) a person(s) acting on behalf of the client is the recipient Yes__ No__

(Page 5 of the Housing and Home Improvement Service Standard)

Documentation verifying compliance: _____

Comments: _____

4. Other documentation

a. a completed intake form addressing: name, address, date of birth, next of kin and/or other pertinent data; and Yes__ No__

b. documentation that the client is registered on the Division of Aging's Yes__ No__

Management Information
System.

(Page 6 of the Housing and Home Improvement Service Standard)

Documentation verifying compliance: _____

Comments: _____

5. A copy of a completed Service Cost-Sharing form that addresses the purpose of Service Cost-Sharing; the total cost of the service; the agency's procedures for collecting Service Cost-Sharing; and a statement indicating that services will not be terminated for failure to share in the cost of the services received is in each recipient's file. Yes__ No__

(Page 116 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: _____

Comments: _____

6. Documentation of updated Service Cost-Sharing forms exist indicating that the following information was reviewed with the service recipient on an annual basis:
- a. the purpose of Service Cost-Sharing: Yes__ No__
 - b. the total cost of the service; Yes__ No__
 - c. the agency's procedures for collecting cost-sharing; and Yes__ No__

d. that services will not be terminated for failure to share in the cost of the services received.

Yes__ No__

(Page 113 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: _____

Comments: _____
